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Bib Data Sheet

SERIAL NUMBER 09/629,323	FILING DATE 07/31/2000 RULE	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 7554
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APPLICANTS

James F. Allsup, Belleville, IL ;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/189,551 03/15/2000

JDC

**** FOREIGN APPLICATIONS *******

NONE JDC

IF REQUIRED, FOREIGN FILING LICENSE

** SMALL ENTITY **

GRANTED ** 09/18/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 13	TOTAL CLAIMS 16 10	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance			
Verified and Acknowledged	Examiner's Signature JDC	Initials			

ADDRESS

001688

TITLE

Long term disability overpayment recovery service with post award service and savings program and financial assistance

FILING FEE RECEIVED 423	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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